

TOP FIVE THINGS STATE MEDICAID AGENCIES CAN DO TO SUPPORT DUALLY ELIGIBLE INDIVIDUALS' PARTICIPATION IN INTEGRATED CARE



THREE TOP FACTORS THAT RESONATE WITH DUALLY ELIGIBLE INDIVIDUALS



No co-pays



Supplemental/additional benefits



One card instead of two

1. Utilize consistent messaging on all forms of integrated care communications that resonates with dually eligible individuals by:

- Testing different messaging with dually eligible individuals, including dually eligible individuals from diverse backgrounds and/or those with limited English proficiency
- Collaborating with community-based organizations, as they tend to be trusted sources of information for the dually eligible population
- Utilizing [research](#) that has examined consumer preferences

2. Ensure that there is infrastructure in place to support enrollment methods:

- For states new to integrating care for the dually eligible population, it is best to utilize voluntary enrollment with robust outreach and education before moving to any other method of enrollment.
- For states with an existing form of integrated care, it is still best to utilize a voluntary enrollment period before using any other form of enrollment. When passive enrollment is used, a phased-in approach over time will give health plans the time to onboard new members, arrange for timely health risk assessments, and establish care coordination teams.
- Infrastructure supports should include:
 - Sufficient staffing to manage the integrated care program
 - Effective Information Technology systems
 - Trained enrollment brokers with knowledge of the integrated care program and ability to refer/utilize interpreters for those with limited English proficiency
 - Collaborations with State Health Insurance Assistance Programs (SHIPs), Aging and Disability Resource Centers (ADRCs), Area Agencies on Aging (AAAs) and other community organizations that can serve as enrollment assisters
 - A rigorous readiness review process to ensure health plans are staffed up and have systems in place to take on new members

"...really having that impartial voice that people can go to is important. But to have that, before [enrollment] happens, they need to be aware of that voice"

– state Medicaid official



3. Conduct ongoing outreach and education:

- a. Any state that pursues or currently has an integrated care program should establish a robust outreach and education plan. This includes outreach and education to:
 - i. Dually eligible individuals, including those from diverse backgrounds and/or with limited English proficiency
 - ii. Providers
 - iii. Community stakeholders (e.g., disability rights groups, organizations serving low-income older adults, organizations serving communities of color, service organizations)
- b. Outreach and education should occur on an ongoing basis, evolve over the course of the program to reflect the needs of the population being served, and respond in real time to what is being learned about the integrated care program.

4. Ensure meaningful stakeholder engagement during design and implementation of enrollment practices:

- a. Any state that pursues integrated care options for their dually eligible population should establish ongoing relationships to ensure consistent collaboration and communication when designing, implementing and if necessary, revising enrollment practices (e.g., notices) with:
 - i. Dually eligible individuals
 - ii. Community stakeholders, including the ombudsman program
 - iii. Plans and providers
 - iv. Centers for Medicare & Medicaid Services
- b. Establish a stakeholder advisory committee/council that has 50% membership of dually eligible individuals and/or their caregivers – this should be a committee that is established at the design phase, carried through into the implementation phase and tasked with ongoing monitoring of the program. Committee members should be actively engaged in decision-making related to enrollment practices.

“From a state perspective, we have our Medicaid Advisory Committee which includes updates related to the duals demonstration program. It’s an opportunity to get feedback from stakeholders on other things that we should maybe be taking into consideration. It allows us to share specific policy updates and gather feedback from various stakeholders within the community.”

– state Medicaid official

5. Ensure readiness to roll out a new program

- a. As stated in steps above, any state that pursues an integrated care program for its dually eligible population must ensure that they are ready to do so. Building a strong program infrastructure can ensure a more person-centered enrollment process. The following are important elements to be considered:
 - i. Sufficient staffing and funding
 - ii. Effective administrative systems to ensure seamless enrollment processes, such as:
 1. Data consistency amongst CMS, State Medicaid, and health plans (e.g., having correct member contact information)
 2. Access to timely data, particularly for health plans, to ensure they are connecting with members and have sufficient time to build out care plans and conduct health risk assessments
 - iii. Infrastructure for outreach and enrollment
 - iv. Detailed plan for an ongoing system of oversight with meaningful consumer representation